

Membership application for Suburban Technical Amateur Radio System

Please Print

Name: _____ Today's Date _____

CallSign: _____ License Class: _____ Exp Date: _____

Mailing Address: _____

City: _____ State: _____ ZipCode: _____

Cell Ph: _____ Occupation: _____ Birthdate: _____

Email Address: _____

May we Publish this Phone number in the Club Roster? (PLEASE CIRCLE) YES NO A.R.R.L.: Member? YES NO

If yes, please show expiration date.(MM/YY): _____ Any other hams living at the above address? YES NO

If yes, please list below their Name, Callsign, Expiration Date, ARRL Status and relationship to the applicant.

Will you support and participate in club functions? YES NO Any specific ham radio interests (contesting, DXing, satellite, digital modes, etc.) YES NO If yes, please provide details:

If accepted for membership in the Suburban Technical Amateur Radio System, I hereby agree to fully abide by the Constitution and By-Laws of this organization as now constituted or as may be amended from time to time by the membership. I also agree to abide by any additional rules and regulations that are or may be set by the Board of Directors and the repeater station Trustee. I also understand that Club dues are \$25.00 annually, \$20.00 for individuals 65 years of age and older and \$15.00 for individuals 16 years of age and less with proof of age submitted with this application, and that they are payable each June 1.

Signature: _____ Callsign: _____

Mail this completed application, photocopy of license, proof of age (if necessary), and appropriate fee to:

S.T.A.R.S., PO Box 2186, Bridgeview, IL 60455

A copy of tis application may also be downloaded from our website at: www.w9src.org